

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 1051 Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 87

Full Name of Deceased, Charles Hendrickson

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male

Cross out the word not required in this line.

Age, 1

Years, 1

Months, 23

Days.

Color, White

Married, Single, Widow or Widower, Single

Cross out the words not required in this line.

Occupation, Life

Birth Place, Baltimore, Md.

State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Life

Place of Death, 1706 Latrobe St

Give Street and Number.

Cause of Death, Heart Prostration

First (Primary),

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 9th

Undertaker, H. C. Wiedefeld

D. W. Cathers

M. D.

Medical Attendant.

Place of Business, 916 Green Mt.

Address, 418 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department City of Baltimore.

Permit No. A 1052 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1887

Full Name of Deceased, Hedwig Stegmann

Sex, Male or Female, Male

Age, White Years, 9 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Father name John D. Stegmann

Birth Place, Balt.

Duration of Residence in the City of Baltimore, Life time

Place of Death, 1208 Johnson St

Cause of Death, Cholera Infantum

Duration of Last Sickness, about 7 days

Place of Burial, Reverend Hall

Date of Burial, July 9

Undertaker, B. H. Hare Medical Attendant, C. W. Fanning M. D.

Place of Business, 115 West Address, 1223 1st High

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

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Permit No. A 1053 Office of Registrar of Vital Statistics.

Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet A. E. Jackson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, one Years, --- Months, --- Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ---

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 411 State St

Cause of Death, { First (Primary), Second (Immediate), } Chol. Infantum

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cem

Date of Burial, July 9th 1887

{ Undertaker, P. Morgan Address, Commⁿ of Health & Registrar M. D.

{ Place of Business, --- Address, ---

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[OVER.]

John E. Dunning Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List *changes on back of this*

Health Department, City of Baltimore.

Permit No.

A. 1054

Office of Registrar of Statistics.

Ward

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 7, 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Susan Hoffman*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *15* Years, Months, Days.

Color, *Colored*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Ballad*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give Street and Number. } *510 N Parry Alley*

Cause of Death, { First (Primary), Second (Immediate), } *Consumption of Lungs*

Duration of Last Sickness, *One year*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Street Cemetery*

Date of Burial, *July 9, 1887*

Undertaker, *Herbert Ross* *James Bosley M. D.*

Place of Business, *404 Conway* Address, *1701 Hollin St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 1155 Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7 - 1887
Full Name of Deceased, ^{Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jefferson
Sex, Male or ~~Female~~, ^{Cross out the word not required in this line.} Martha Jefferson
Age, 21 Years, 21 Months, 21 Days.

Color, Col.

Married, Single, ~~Widow~~ or ~~Widower~~, ^{Cross out the words not required in this line.}

Occupation, none

Birth Place, ^{State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, ^{Give Street and Number.} 529. N. Dallas St

Cause of Death, ^{First (Primary),} Heart Disease
^{Second (Immediate),}

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetery

Date of Burial, July 9th 1887

{ Undertaker, Charles S. Butler } J. J. Smith M. D.

Medical Attendant.

{ Place of Business, 510 N. Caroline St Address, 1435 Orleans St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1056

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

May Agnes White

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

10

female

Color,

Months,

white

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balti Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

16 Pt Lane

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

convulsions

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemo.

Date of Burial, July 8th 1887

Undertaker, W. Sander & Son

M. B. Billings M. D.
Medical Attendant.

Place of Business, 1710 Canton

Address, 1206 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No.

A 105

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John H. Heild

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

1

Years,

2

Months,

Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

1021 S. Putnam St

Cause of Death, { First (Primary), Second (Immediate), }

Dentition

Thrush

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 9th 1887

{ Undertaker, H. Reys }

{ Place of Business, }

Address, 1021 S. Putnam St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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H. C. Seward

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 1058 Office of Health Statistics.

Ward 7th

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1887

Full Name of Deceased, Mr. Roche
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, about 67 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, None

Birth Place, Ireland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, 1745 Chen St.
{ Give Street and Number. }

Cause of Death, Consumption of Lungs
{ First (Primary),
Second (Immediate), }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's C'v

Date of Burial, July 8th 1887

Undertaker, J. P. Byrne

Place of Business, 300 N. Bay

John F. Leonard M.D.
Medical Attendant.

Address, C. W. Colman St. Read St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

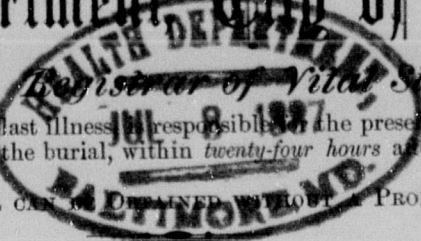
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

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Permit No.

A 1059

Office of



Registrar of Vital Statistics.

Ward

17

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret and Jeremiah Leavelle

Sex, Male or Female,

{ Cross out the word not required in this line. }

male

(Parents)

Age,

Years,

Months,

4

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

none

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

1307 Plum Alley

Cause of Death,

{ First (Primary), }

convulsions

{ Second (Immediate), }

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

St Peters Cemetery

Date of Burial,

July 8th 1887

{ Undertaker,

C. F. Krause

{ Place of Business,

Address,

Wm. A. Stewart M. D.

Craig & Co

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[OVER.]

H. C. Seaward S. J.

Ward 2

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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[OVER]